

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyists Registration Number

Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLYPostmark Date: 5-12-00

1 Supp
 1-2375
 \$10.00
 KSD

10009831. NAME Scotty Capriccio III
Last First MI2. BUSINESS PHONE 225-291-84883. BUSINESS ADDRESS P.O. Box 23031 Baton Rouge, LA 70884
Street and No. City State Zip4. EMPLOYER The Tamm Group5. EMPLOYER'S ADDRESS 11766 S. Hassenly Dr. Ste. E Baton Rouge, LA 70804
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name National Association of Professional Engineers
 Address 1125 DeSales St, NW, Ste. 800, Washington, DC 20036
 Business or purpose Professional Association

☒ New RepresentationDoes this person pay you? noIf No, who pays you? The Tamm Group☐ Terminated Representation as of

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2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

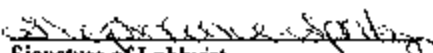
If No, who pays you? _____

☐ Terminated Representation as of _____

State of _____

Parish of _____

Before me, the undersigned authority, personally came and appeared _____, who,
after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.


Signature of Lobbyist

Sworn to and subscribed before me on this _____ day of _____, 19____.

Notary Public